

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 06/29/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/29/2004						
		FINANCIAL PAYER: NCDH						
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EUS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	8505	1740	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	585	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2375	2513	11
		8800	38	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404902	BLUE RIDGE COMM UNITY	11	295	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	29	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	324	373	49
3404904	WESTERN HIGHLAN DS LME	8505	2506	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	981	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	300	4799	5155	356
		167	296	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404905	TREND COMM MENT AL HLTH CTR	11	875	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	138	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1085	1226	141
		21	71	DUPLICATE OF CLAIM-SYSTEM				
3404907	RUTHERFORD-POLK	11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	15	34	19
3404910	PATHWAYS	11	68	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	50	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	128	148	20
		8800	9	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAMBA COUNTYM ENTAL HEALT	8505	394	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	504	595	91
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	6044	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1539	CLIENT NOT ELIGIBLE ON SERVICE DATE	21	8368	8369	1
		8800	580	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIGORAL HEAL	8505	4481	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	283	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	23	4840	5282	442
		8931	23	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404917	CENTERPOINT HUM AN SERVICES	8505	2752	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	358	CLIENT NOT ELIGIBLE ON SERVICE DATE	86	4025	4066	41
		8800	331	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	465	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	90	CLIENT NOT ELIGIBLE ON SERVICE DATE	19	727	1209	482
		8800	90	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEALTWC	8599	1859	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	1622	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	227	4658	10056	5398
		8800	299	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	4158	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	959	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	51	6169	6170	1
		8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	5817	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	581	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	52	7287	10105	2818
		8599	254	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	8505	3574	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	279	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	4499	4579	80
		21	238	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2365	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	546	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	317	4057	4731	674
		8800	346	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	2849	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	2581	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4832	14941	16666	1725
		8935	2124	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8599	206	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	168	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	578	1776	1198
		21	146	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/ DD/SAS	8505	1610	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1319	DUPLICATE OF CLAIM-SYSTEM	6	3299	4163	864
		8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	2286	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	212	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	59	2591	3189	598
		8931	94	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OP	8505	13103	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1507	DUPLICATE OF CLAIM-SYSTEM	338	18163	37221	18852
		8599	1383	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	832	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8526	238	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	39	1447	1659	212
		8800	127	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	415	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	128	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	737	1817	1080
		40	94	DATE OF SERVICE MISSING OR INV ALID. VERIFY AND ENTER CORRECT DOS AND SUBM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404934	ONslow COUNTY B EHAVIORAL H	8505	669	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	918	1781	859
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	930	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	59	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	1036	1094	58
		120	28	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404937	EDGEcombe NASH MNTL HLTH C	8505	1988	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	206	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	247	2596	2596	0
		21	203	DUPLICATE OF CLAIM-SYSTEM				
3404938	RIVERSTONE MENT AL HEALTH C	8505	1076	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	429	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	71	1981	2011	30
		120	337	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	748	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	233	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1144	1758	593
		11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	8505	1925	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	170	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	2671	3616	945
		21	120	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	401	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	548	2703	2155
		8931	21	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8505	871	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	55	1096	1566	470
		8931	35	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMAN SERVICES	8505	3339	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	599	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	120	4549	6911	2362
		8599	265	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREA MENTAL HEALTH	8505	2799	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	679	CLIENT NOT ELIGIBLE ON SERVICE DATE	33	3848	3851	3
		21	135	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL HEALTH CTR	8505	586	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	80	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	725	725	0
		8599	22	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404959	DAVIDSON COUNTY MENTAL HEALTH CT	8524	51	CLAIM DENIED, PROVIDER MUST BE DESIGNATED AS A BILLING PROVIDER.				
		0	0		0	51	51	0
3404979	NEW RIVER AREA H/DO/SA PRO	8505	1750	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	189	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	2079	2079	0
		8800	136	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				